

REQUIREMENTS FOR REACTIVATION/STATUS CHANGE BOND WAIVER/ CONVERSION - CONTRACTORS

Mail required documents to:
CONTRACTORS LICENSE BOARD
DCCA, PVL Licensing Division
P. O. Box 3469
Honolulu, HI 96801

OR
Deliver to office location at:
1010 Richards St., 1st Floor
Honolulu, HI 96813
Phone: (808) 586-3000

Toll free voice access numbers for the neighbor islands:
Molokai & Lanai: 1-800-468-4644 ext. 6-3000
Hawaii: 974-4000 ext. 6-3000
Maui: 984-2400 ext.6-3000
Kauai: 274-3141 ext. 6-3000

Access this form via website at: www.state.hi.us/dcca/pvl

NO APPLICATION/FEEES REQUIRED FOR THE FOLLOWING:

Changing from "Active" status to "Inactive" status or from "Conditional" status to "Unconditional" status

Submit a letter requesting that your license be placed on "Inactive" or "Unconditional" status. Letter must include mailing address and license number.

Note: *Entity's insurance status must be current to place license on "inactive".
Additional documentation may be required for conversion to unconditional status.*

ENTITY with current license appointing a New RME or Additional RME with current license

Confirmation of the change in status is required.

1. Letter from entity stating name of new or additional RME.
2. Letter from RME stating change from one entity to another.
3. A signed "*Principal RME Designation*" form (available at board's office), if applicable.

Please note:

1. If an entity is not licensed in Hawaii, a new application must be filed.
2. If the RME is not licensed in Hawaii, a new application must be filed.
3. If both the entity and RME do not hold the same classifications, then an "*Application for Additional Classification*" must be filed by the entity.
4. If a sole owner changes to another entity (Corporation, Partnership, J/V, LLC, LLP), a new application must be filed. The sole owner's status will change to Responsible Managing Employee.

RME changing entity affiliation or presently a Sole Owner going to be a RME

Refer to same requirements as ENTITY appointing a new RME.

APPLICATION/FEEES ARE REQUIRED FOR THE FOLLOWING:

Conversion to another entity

1. \$50 fee and complete application (CT-15).
2. A "file-stamped" copy of the Articles of Organization for the new entity filed with the Business Registration Division of the Department of Commerce and Consumer Affairs (BREG).
3. Copy of Certificate of Conversion issued by BREG.
4. Rider or new certificate of liability and worker's compensation insurance.
5. If bond is required – Rider or new bond to reflect new name.

Presently Active and Reactivating C-19 Asbestos Class (RME & Sole Owner only)

1. \$50 fee and completing a application (CT-15).
2. Submit proof of completing a current EPA-approved asbestos 8 hour refresher training course.

The following actions require board approval and must be received in the board's Honolulu office on or before the 20th day of the month prior to the scheduled meeting date. The board is scheduled to meet once a month, except for the month of December. Make checks payable to Commerce & Consumer Affairs.

Presently Inactive and will be reactivating as RME

1. \$50 fee and complete application (CT-15).
2. Letter from entity stating that he/she will be their RME. (If the entity is not licensed in Hawaii, a new application must be filed.)
3. Credit report covering prior 5 year history. Issue date of credit report must be within 6 months of reactivation request date. (If RME inactive for less than 60 day period, no credit report is required)
4. If you hold a C-19 Asbestos classification, submit proof of current EPA asbestos refresher training course.

**Presently a RME and
Changing to Sole Owner**

1. \$50 fee and complete application (CT-15).
2. Letter from RME verifying dissociation from contracting entity.
3. Financial statement (not more than a year old) prepared and signed by a registered or certified accountant holding a current permit to practice. If licensed in another state, provide a copy of license.
4. A current Hawaii State Tax Clearance, (not more than 6 months old) with an original State Department of Taxation stamp.
5. Credit report covering prior 5 year history. Issue date of credit report must be within 6 months of reactivation request date.

**Presently Inactive and
will be Reactivating
as Sole Owner**

1. \$50 fee and complete application (CT-15).
2. Financial statement (not more than a year old) prepared and signed by a registered or certified accountant holding a current permit to practice. If licensed in another state, provide a copy of license.
3. A current Hawaii State Tax Clearance, (not more than 6 months old) with an original State Department of Taxation stamp.
4. Credit report covering prior 5 year history. Issue date of credit report must be within 6 months of reactivation request date.
5. If you hold a C-19 Asbestos classification, submit proof of current EPA asbestos refresher training course.

**Presently Inactive
Corporation, Partnership,
Joint Venture, Limited
Liability Company or
Limited Liability Partnership
and will be Reactivating**

1. \$50 fee and complete application (CT-15).
2. Financial statement (not more than a year old) prepared and signed by a registered or certified accountant holding a current permit to practice. If licensed in another state, provide a copy of license.
3. A current Hawaii State Tax Clearance, (not more than 6 months old) with an original State Department of Taxation stamp.
4. Credit report of officers/partners/managers/members and RME covering prior 5 year history. Issue date of credit report must be within 6 months of reactivation request date.
5. Letter from RME stating status change. (If not licensed in Hawaii, a new application must be filed.)
6. Certificate of Good Standing for business entity which can be obtained from the Department of Commerce and Consumer Affairs, Business Registration Division (phone: (808) 586-2727).

**Presently Active Specialty
and Reactivating "A"
General Engineering or
"B" General Building Class(es)
(Entities & Sole Owner only)**

1. \$50 fee and complete application (CT-15).
2. Submit financial statement (not more than a year old) prepared and signed by a registered or certified accountant holding a current permit to practice. If licensed in another state, provide a copy of license.

Bond Waiver

1. \$25 fee and complete application (CT-15).
2. Financial statement (not more than a year old) prepared and signed by a registered or certified accountant holding a current permit to practice. If licensed in another state, provide a copy of license.

Note: Upon approval by the board, the following may be due:

Evidence of liability-property damage insurance
Evidence of workers compensation insurance
Applicable fees
Business address
Trade name registration
A signed "Principal RME Designation" form (available at board's office) and, if applicable other items that may be required by the board

APPLICATION FOR REACTIVATION, STATUS CHANGE, BOND WAIVER, CONVERSION - CONTRACTOR

(Read attached instructions)

Name of Applicant

Trade Name (if any)

Business/Residence address (include apt. no., city, state & zip code)

Mailing address (if different from above)

Social Security No.

Phone No. (days)

FOR BOARD USE ONLY

Lic. No.

Eff. Date

CLASS(ES):

Check only one:

- ☐ Individual (sole owner)
☐ Corporation
☐ Partnership
☐ Joint Venture (J/V)
☐ Limited Liability Company (LLC)
☐ Limited Liability Partnership (LLP)
☐ Responsible Managing Employee (RME)

License No. Held:

Classification(s) Held:

Classification(s) Reactivating:

Application is being made to: (check one)

☐ **REACTIVATE CLASS** ☐ **REACTIVATE LICENSE** ☐ **CHANGE STATUS** ☐ **BOND WAIVER** ☐ **CONVERSION**

If applicant is corporation, partnership, J/V, LLC, or LLP,
name of RME:

If applicant is Responsible Managing Employee (RME), name of
employing firm:

License No.:

License No.:

Complete only if applicant is reactivating a license as a sole owner, corporation, partnership, J/V, LLC, or LLP. List name(s) of owner, officers, directors, managers or members and title. (Note: Each name(s) listed requires a credit report.)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

The undersigned hereby applies for license pursuant to the provisions of Chapter 444, Hawaii Revised Statutes, and vouches for the truth and accuracy of all statements, answers and representations made in this application, including all supplementary statements hereto attached.

I hereby certify that the information supplied herein and attachments thereto are true and correct. I understand that any material misrepresentation is grounds for refusal or subsequent revocation of license and is a misdemeanor (Section 710-1017, Hawaii Revised Statutes.)

Applicant's Signature

This material can be made available for individuals with special needs. Please call the Licensing Branch Manager at (808) 586-3000 to submit your request.

Title

Date

Appl 115 \$25/\$50
React 111 \$150/\$50
Service Fee BCF \$15

RF 908 \$150/\$10
EF 909 \$10/\$5

CT-15 0902R

CONTRACTORS FINANCIAL STATEMENT

(Prescribed Form)

Financial Statement as of _____, 20____ (not more than one year old) is for:

Name of Applicant (owner, corporation, etc.): _____

Trade Name, if any (dba): _____

Address: _____

ASSETS:

CURRENT ASSETS:

Cash (include checking
account) \$ _____
Savings account _____
Time certificates
(within 1 year) _____
Deposit with bids _____
TOTAL CASH \$ _____
Accounts receivable (completed
contracts) _____
Earned estimated and retainage
(uncompleted contracts) _____
Other accounts receivable _____
Work in progress (unbilled) _____
Notes receivable _____
Stocks and bonds _____
Life insurance (cash value) _____
Other current assets _____
TOTAL CURRENT ASSETS \$ _____

OTHER ASSETS:

Material in stock (not included
in any items above) \$ _____
Inventory or other materials _____
Other assets _____
TOTAL OTHER ASSETS \$ _____

FIXED ASSETS:

Equipment at net book value \$ _____
Real estate _____
Furniture and fixtures at net
book value _____
Tools _____
Other fixed assets _____
TOTAL FIXED ASSETS \$ _____

TOTAL ASSETS \$ _____

LIABILITIES:

CURRENT LIABILITIES:

Notes payable (due within one year):
To banks regular \$ _____
To material men _____
To other (exclusive of
Equipment) _____
TOTAL NOTES PAYABLE \$ _____
Account payable:
Subcontractors \$ _____
Material men _____
Others _____
TOTAL ACCOUNTS PAYABLE \$ _____
Current maturities (long-term debt) \$ _____
Accrued payrolls _____
Federal and state income tax _____
Payroll taxes (including F.I.C.A.
S.U.I. and income taxes withheld) _____
Other accrued taxes, interest, etc. _____
Encumbrances on equipment (due
within 1 year) _____
OTHER CURRENT LIABILITIES (specify):

TOTAL CURRENT LIABILITIES \$ _____

LONG-TERM LIABILITIES:

Long-term debt (less portion
due within one year) \$ _____
Encumbrances on equipment
(due after 1 year) _____
Encumbrances on real estate _____
Billings in excess of cost on
uncompleted contracts _____
Other long-term liabilities (specify):

TOTAL LONG-TERM LIABILITIES \$ _____
TOTAL LIABILITIES \$ _____

NET WORTH:

Capital stock (if corporation, show
shares authorized, issued-par value) \$ _____
Surplus _____
TOTAL NET WORTH \$ _____
TOTAL LIABILITIES AND NET WORTH \$ _____

This statement must be signed, whether accountant uses this form or his own.

I hereby certify as owner, officer, partner, manager, member or R.M.E. that the statements contained on this statement are true and correct. I understand that misrepresentation is grounds for refusal or subsequent revocation of license (Sec. 710-1017, Hawaii Revised Statutes).

SIGNATURE OF APPLICANT: _____

TITLE (owner, president, etc.): _____

In the opinion of the undersigned, the above statement fairly presents, on the date indicated, the financial condition of the applicant. The undersigned has no interest in the above enterprise.

SIGNATURE OF
C.P.A. or P.A.: _____

LICENSE NUMBER _____

PRINT NAME: _____

STATE _____

SHALL BE PREPARED AND SIGNED BY A REGISTERED PUBLIC ACCOUNTANT OR CERTIFIED PUBLIC ACCOUNTANT HOLDING A CURRENT PERMIT TO PRACTICE. (IF LICENSED IN ANOTHER STATE, PROVIDE COPY OF A CURRENT LICENSE)